

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

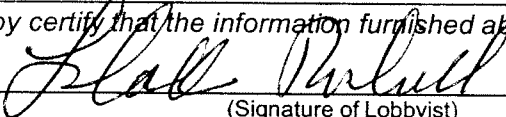
LOBBYIST REGISTRATION FORM

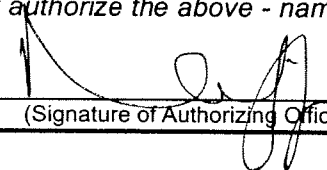
(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Rosehill,		Linda	K.	536-2611
MAILING ADDRESS (Street)				FAX
1088 Bishop Street, Suite 1010				524-2628
(City)		(State)	(Zip Code)	
Honolulu,		HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Rosehill & Associates				
MAILING ADDRESS (Street)				FAX
Same as above				
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kuilima Resort Company			293-2285
MAILING ADDRESS (Street)			FAX
57-091 Kamehameha Hwy.			232-2396
(City)		(State)	(Zip Code)
Kahuku,		HI	96731
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Nicola Jones			
MAILING ADDRESS (Street)			FAX
Same as above			
(City)		(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	2/15/07 (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Nicola Jones	CEO
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Kuilima Resort Company	232-2285
MAILING ADDRESS (Street)	FAX
57-091 Kamehameha Hwy.	232-2396
(City)	(State)
Kahuku,	HI
(Zip Code)	96731
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
 (Signature of Authorizing Officer or Person Represented)	2/16/07 (Date)